MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9201
County Willemill	Registration, Dist. No. 333
Village or City Salialining and	No. It Man St - St., 9 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Leah Polose Barthley	
	If U. S. Veteran, specify WAR
(a) Residence: ND 4 5 Ale marse (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  November 15, 1937  (Month) (Day) (Yaer)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Ohe Barthley	22. I HEREBY CERTIFY, That I attended decaased from Devolve 20 ,1937, to Mayamber 15 ,1937
6. DATE OF BIRTH (month, day, and year)	I last saw h M. alive on November 15 , 1937; death is said
7. AGE Yaars Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.
alient 5-> ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:
8. Trade, profassion, or particular kind of work doma, as SPINNER, SAWYER, BOOKKEPER, etc.	Mitral valvulas arease to
9. Industry or business in which	A the hearth
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and the occupation)	
12. BIRTHPLACE (city or town) Dant Ingu	Dthar Contributory Causes of Importance:
(State or country)	
13. NAME Centarian	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Lineal Was there an autopsy? Lo
15. MAIDEN NAME Out for the same of the sa	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicida?
17. INFORMANT mas Josephy are able (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL no Nov 17, 1937	Menner of injury
19. UNDERTAKER to filewast (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Nov 16, 1937 I May Trumer	(Signed) And Statistics M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	400	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 7 1887			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County_	OF DEATH Vercongin	LO .		(10648)	Registration Dist. No.	335
Village D		rptoun		No No f death occurred in a hospital or ins	titution, give its NAME instead o	St., W.
2. FULL N	residence in city or town where	tuce J	Beach	0	If of foreign blrth?yrs in, specify WAR	mos.
(5) 11001		(Usual place	of abode)		If nonresident give city	
	DNAL AND STATIST			MEDICAL	CERTIFICATE OF D	EATH
J. SEX	4. COLOR OR RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH	Clad 7-( (Month) (De)	5 , 193 7 y) (Yeer)
5a. If merried, wi HUSBAND o (or) WIFE o	dowed, or divorced f			22. HEREE	BY CERTIFY, That	
6. DATE OF BIRT	TH (month, day, and yeer) Yeers   Months	nov 11	/ _/937	i lest saw here alive on to heve occurred on the date si	200 25	
		Deys 14	1 dey,hrs.		EATH and related causes of Impo	Date of or
SAW)	ofession, or particular of work done, as SPINNER, 'ER, BDDKKEEPER, etc			Married	Wws -	
9. Industry work SAW	or business in which wes done, es SILK MILL, MILL, BANK, etc			-		
- 1 1113 0	eased last worked at ccupation (month and	sp3	time (yeers) Int in this Upetion			
12. BIRTHPLACE		ml		Other Contributory Causes of in	mportance:	**********
13, NAME	Fred P.	Beach	2			
	ACE (city or town)	md			**********	
	(P) (D)	m /	Bassi		W	
16. BIRTHPL	ACE (city or town)	D.	Surc		causes (VIOLENCE) fill in elso t	
17. INFORMANT(Address)	Fred f.	Beach		Where did injury occur?	(Specify city or town, cond in INDUSTRY, in HOME, or in	unty and State) PUBLIC PLACE.
	Marylo, OR REMOVAL	Date Mc	v27,1937	Menner of injury	•••••	
19. UNDERTAKER (Address)	1/1	raven	n. Afro		y way related to occupetion of d	
20. FILED MAN	1.27 ,1937 14	m. R. K.	Kriston Registrar.	(Signed)	Muhlin	an !

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	E de la lacreta de lacreta de la lacreta de lacreta de la lacreta de lacreta de la lacreta de lacreta de lacreta de lacreta de la lacreta de lacreta de la lacreta de la lacreta de lacreta de lacreta de lacreta de la lacreta de lacreta de la lacreta de lacreta d	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Treompeo	Registration Dist. No. 375
	No. St., Walf death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth?
2. FULL NAME Ordon N. Bennett  (a) Residence: No.	if U. S. Veteran, specify WAR
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married	21. DATE OF DEATH Mod 26, 193 7. (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie a Bernett	22. I HEREBY CERTIFY. That I attended deceased from the state of the s
6. DATE OF BIRTH (month, day, and year) Oug 20 /864 7. AGE Yeers Months Deys If LESS then 1 dey, hrs. or min.	I lest saw h alive on 1937; death is s to heve occurred on the dete stated above, at 1937.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
kind of work done, as SPINNER Clived Marie Lagit SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Deta deceased lest worked et this occupation (month and year).  12. BIRTHPLACE (city or town).	Dither Contributors Causes of importance:
(State or country)	
13. NAME Joshua J. Bennett	
13. NAME Joshua J. Bernett  14. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Deorganna Leys  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT Lelie A. Bennett (Address)	23. If deeth wes due to externel causes (VIOLENCE) fill in eise the foliowing:  Accident, sulcide, or homicide?
18. BURIAL, CREMADION, OR REMOVAL Piece Praylown Date Nov 28, 19.3.7.	Manner of Injury
19. UNDERTAKER 24. Doraven or 1800 (Address) Thanklown Mo	24. Wes disease or injury in any way releted to occupation of deceesed?
20. FILED Nov 24, 19 27 3/2 PRobinson. Registrar.	(Signed) J.J. Kuhlinan M. (Address) Lhaplowy and

V. S. No. 1

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Example I		Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	1
THE	,				

County Village or City Village	1. PLACE OF DEATH	(\$2÷Q)
Village or City Addition where death occurred.  Length of residence in city or town where death occurred.  (a) Residence: No. I where death occurred.  (b) Residence: No. I where death occurred.  (b) Residence: No. I where death occurred.  (b) Residence: No. I where death occurred.  (c) Residence: No. I where death occurred.  (d) Residence: No. I was a state of the control of	County Wisconnico	1 Registration Dist. No. 333
Langth of residence in city or fown where death occurred yrs	Village or City Salisbury	· ( ) / / / / / / / / / / / / / / / / / /
2. FULL NAME  (a) Residence: No. Malelles Street  (b) Residence: No. Malelles Street  (c) Residence: No. Malelles Street  (d) Residence: No. Malelles  (d) Residence: No. Mal	(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Classifier of abody (Unasplace of abody)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  5. If married, widowed, or divorced (or) will be word)  6. DATE OF BIRTH (month, day, and year)  7. AGE  4. DATE OF BIRTH (month, day, and year)  8. Trade, gloresion, or particular  7. AGE  8. SAWER, BOOKKEEPER, etc.  9. Industry or business in which were as follow:  1. BIRTHPLACE (city or fown)  1. BIRTHPLACE (city or rown)  1. SAW MILL, BANK, etc.  1. BIRTHPLACE (city or rown)  1. SAWER AGE  1. SAWER A	Length of residence in city or town where death occurredyrs,mo	sds. How long In U. S. If of foraign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) So. If married, widowed, or divorced HUSBAND O'(North) O(D) (You)  1. DATE OF DEATH O(Month) O(D) (You) O(North) O(D) (You)  1. DATE OF DEATH O(Month) O(D) (You) O(North) O(D) (You)  2. I HER EBY C ER T I FY J. That I attended deceased from I say I TESS than I day. I list saw here silve on the date stated above, st. S. D. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  NOT SO the deceased last worked at the which work was done as SILK MILL, SAWTER, BODKKEPER, etc. SAWYER,	2. FULL NAME Milliam Cattura	rec
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) So. If married, widowed, or divorced HUSBAND O'(North) O(D) (You)  1. DATE OF DEATH O(Month) O(D) (You) O(North) O(D) (You)  1. DATE OF DEATH O(Month) O(D) (You) O(North) O(D) (You)  2. I HER EBY C ER T I FY J. That I attended deceased from I say I TESS than I day. I list saw here silve on the date stated above, st. S. D. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  NOT SO the deceased last worked at the which work was done as SILK MILL, SAWTER, BODKKEPER, etc. SAWYER,	(a) Residence. No Mardella Denneas.	uch Ward
3. SEX   4. COLOR OR RACE   S. SINCE, MARBIED, WIDOWED, OR DIVORCED Counce the word)   193 / (Vest)    5. If married, widowed, or divorced (Co) wife of year of word of control with the word)   193 / (Vest)    6. DATE OF BIRTH (month, day, and year)   193 / (Vest)    7. AGE		
5. If married, widowed/or divorced HUSBAND (Month) (Day) (Ver)  5. If married, widowed/or divorced HUSBAND (Ver)  6. DATE OF BIRTH (month, day, and year) (Lucky Correct Corrections)  7. AGE Vasc Months Days If LESS then I day. If the stated above, at. No. 19.27 (death is said to have occurred on the date stated above, at. No. 19.27 (death is said to have occurred on the date stated above, at. No. 19.27 (death is said to have occurred on the date stated above, at. No. 19.27 (death is said to have occurred on the date stated above, at. No. 19.28 (death is said to have occurred on the date stated above, at. No. 19.29 (death is said to have occurred on the date stated above, at. No. 19.29 (death is said to have occurred on the date stated above, at. No. 19.29 (death is said to have occurred on the date stated above, at. No. 19.29 (death is said to have occurred on the date stated above, at. No. 19.20 (death is said to have occurred on the date stated above, at. No. 19.20 (death is said to have occurred on the date stated above, at. No. 19.20 (death is said to have occurred on the date stated above, at. No. 19.20 (death is said to have occurred on the date stated above, at. No. 19.20 (death is said to have occurred on the date stated above, at. No. 19.20 (death is said to have occurred on the date stated above, at. No. 19.20 (death is said to have occurred on the date stated above, at. No. 19.20 (death is said to have occurred on the date stated above, at. No. 19.20 (death is said to have one at Stated above, at. No. 19.20 (death is said to have one at Stated above, at. No. 19.20 (death is said to have one at Stated above, at. No. 19.20 (death is said to have one at Stated above, at. No. 19.20 (death is said to have one at Stated above, at. No. 19.20 (death is said to have one at Stated above, at. No. 19.20 (death is said to have one at Stated above, at. No. 19.20 (death is said to have one at Stated above, at. No. 19.20 (death is said to have one at Stated above, at. No. 19.20 (death is said to have one at Stated a	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
59. If married, widowed for divorced HUSBAND or Corn WiFe of Security of Corn Wife o	I Cole 6-0 OR DIVORCED (write the word)	Nov 2/ 193 7
HISSAND of (or) WIFE of Hearqua well attended deceased from (or) WIFE of WIFE of WIFE of WIFE or WIFE of WIFE o	5a. If married, widowed or divorced	(Month) (Day) (Year)
E. DATE OF BIRTH (month, day, and yaar)  7. AGE  Agars  Months  Days  If LESS than Iday, hrs. or. min.  8. Trade, plotession, or particular since as SPINER, SAWYER, BOOKEPEPR atc.  VO. Date decessed last worked at this occupation (month and yaar)  12. BIRTHPLACE (city or town)  (State or country)  13. AMNE  14. BIRTHPLACE (city or town)  (State or country)  15. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  Date Month  Accident, suicide, or homicide?  Date of injury  Name of operation.  Specify whether injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Date Month  I last saw home a slive on. 1947, death is said to have occurred on the date stated above, at  The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:  Date of onest  Were as follows:  Other Coatributery Causes of importance:  Other Coatributery Causes of importance importa	HUSBAND of	11/- 8
T. AGE  OF Vasts  Months  Days  If LESS than 1 day	6 DATE OF RIPTH (month day and year) Unale an organia	
1day, hrs. or. min.     S. Trade, profession, or particular kind of work done, as SPINNER, for. min.     S. Walver, Bonkferer, etc.   farming     S. Industry or business in which was done, as SILK MILL, SAW MILL, BANK, etc.     S. Industry or business in which was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc.     S. Industry or business in which was done, as SILK MILL, SAW MILL, BANK, etc.     S. Industry or business in which was done, as SILK MILL, SAW MILL, BANK, etc.     S. Industry or business in which was done, as SILK MILL, SAW MILL, BANK, etc.     S. Industry or business in which was done as SILK MILL, SAW MILL, BANK, etc.     S. Industry or business in which was done was done was done as SILK MILL, SAW MILL, BANK, etc.     S. Industry or business in which was done was done or country     S. BIRTHPLACE (city or town)   S. Saw Mill, Saw Mill		
3. Trade photession, or particular kind of work done, as SPINNER, SAWYER, BOKKEPER, etc. January Deteofement kind of work done, as SPINNER, SAWYER, BOKKEPER, etc. January Deteofement kind of work done, as SPINNER, SAWYER, BOKKEPER, etc. January Deteofement kind of work done, as SPINNER, SAWYER, BOKKEPER, etc. January Deteofement kind of work done, as SPINNER, SAWYER, BOKKEPER, etc. January Deteofement kind of work done, as SPINNER, January Deteofement kind of work done as follows:  20. FILED MAN January Deteofement Languary Deteofement kind of work and done as follows:  21. Independent and particular deteofement languary D	Mout 1 day,hrs.	
SAVYER, BOKKEPER, etc.  SAVYER		were as follows:
9. Industry or business in which work was done as SILK MILL, SAM MILL, BARK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place of Country  19. UNDERTAKER  (Addrass)  (Signed)  M. D.  M. D.	kind of work done, as SPINNER.	0.00
12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Of Market Country  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  20. FILED  M. D.  M. D.  Menter of injury In any way related to occupation of deceased?  If so, specify (Signed)  M. D.	9. Industry or business in which	chaptery
12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Of Market Country  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  20. FILED  M. D.  M. D.  Menter of injury In any way related to occupation of deceased?  If so, specify (Signed)  M. D.	work was dona, as SILK MILL, Jerrand	
12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Of Market Country  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  20. FILED  M. D.  M. D.  Menter of injury In any way related to occupation of deceased?  If so, specify (Signed)  M. D.	10. Date deceased last worked at Move A 11. Total time (years)	1
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city of town) (State or country)  17. INFDRMANT (State or country)  18. BURIAL, CREMATION-OR REMOVAL Place of the country  19. UNDERTAKER (Addrass)  19. UNDERTAK	1 -   Spent in this 2 /	
13. NAME   14. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION OR REMOVAL   18. BURIAL, CREMATION OR REMOVAL   19. UNDERTAKER	Dr. It	Other Coatributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city of town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Addrass)		
What tast confirmed diagnosis?  Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city of town)  (State or country)  17. INFDRMANT  (Address)  18. BURIAL, CREMATION-OR REMOVAL  Place of Taylor  (Address)  Date Nov 30, 1937  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  (Size or country)  What tast confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Date of injury  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  (Addrass)  16 so, specify  (Signed)  M. D.		
What tast confirmed diagnosis?  Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city of town)  (State or country)  17. INFDRMANT  (Address)  18. BURIAL, CREMATION-OR REMOVAL  Place of Taylor  (Address)  Date Nov 30, 1937  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  (Size or country)  What tast confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Date of injury  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  (Addrass)  16 so, specify  (Signed)  M. D.	I 13. NAME Sidney Comman	
What tast confirmed diagnosis?  Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city of town)  (State or country)  17. INFDRMANT  (Address)  18. BURIAL, CREMATION-OR REMOVAL  Place of Taylor  (Address)  Date Nov 30, 1937  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  (Size or country)  What tast confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Date of injury  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  (Addrass)  16 so, specify  (Signed)  M. D.	14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city of town)  (State or country)  17. INFDRMANT  (Address)  18. BURIAL, CREMATION OR REMOVAL  Place of James Country  Date Nov 30, 1937  Nature of injury  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Signed)  (Signed)  M. D.	(State or country)	What tast confirmed diagnosis (School Was there an autopsy?
Whare did injury occur?  17. INFORMANT Specify city or town, county and State)  18. BURIAL, CREMATION OR REMOVAL  Place of Date Nov 30, 1937  Nature of injury  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Specify city or town, county and State)  Nature of injury  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Signed)	15. MAIDEN NAME Effectothman	
Whare did injury occur?  17. INFORMANT Specify city or town, county and State)  18. BURIAL, CREMATION OR REMOVAL  Place of Date Nov 30, 1937  Nature of injury  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Specify city or town, county and State)  Nature of injury  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Signed)	5 16. BIRTHPLACE (city of town) Alocalory	
17. INFDRMANT Specify city or town, county and State) (Address)  18. BURIAL, CREMATION OR REMOVAL Place of the county and State)  Manner of injury Nature of injury  19. UNDERTAKER (Addrass)  24. Was disease or Injury in any way related to occupation of deceased?  If so, specify (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Addrass)  (Signed)  M. D.  M. D.	X (State or country)	
18. BURIAL, CREMATION, OR REMOVAL Place of Jacob Company Date Nov 30, 1937 Nature of injury  19. UNDERTAKER (Addrass)  24. Was diseasa or Injury In any way related to occupation of deceased?  If so, specify  (Signed)  Manner of injury Nature of	IT INFORMANT = PARTY OF PROPERTY OF THE	(Specify city or town, county and State)
18. BURIAL, CREMATION OR REMOVAL  Place of Carello Cerv., Date Nov 31, 1937  Nature of injury.  19. UNDERTAKER  (Addrass)  24. Was disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed)  Manner of injury  Nature	the state of the s	OPPOSE, MINISTREE MINISTREE IN TROUBLET, IN HOME, OF IN PUBLIC PLACE.
Place of the place	- Cold Mary Col, 1741	Mannar of injury
19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  (Signed)  (Signed)  M. D.	Place It James Cem. Date Nov 30, 1937	
20. FILED NOV 29, 19.37 D. Mary Junes (Signed) (Signed) M. D.	Stockfow, mg. (1)	
20. FILED NOV 29, 1937 & Tray Jumes (Signed) Com C. J. D. M. D.	77	
20. FILED 20 1, 1907	(Addrass) Stockets has ford.	If so, specify
Registrar. (Addrass) Decluberry Seed	20. FILED NOV 29, 19.37 & May Junes	(Signed) M. D.
	Registrar.	(Addrass) Daleshary Seed

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was donc.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

1. PLACE OF DEATH	F MARYLAND—	CERTIFICATE OF DEATH	280
County Miconico	1	Registration Dist. No. 33/	
Village or City Aller Length of residence in city or town where d	- 1 2	NoSt.,St.,St.,St.,St.,St. NAME instead of street and nunsst. How long in U.S. if of foreign birth?yrsmos	Ware
2. FULL NAME (a) Residence: No. Messidence	(Usual place of abode)	St., Ward.  If nonresident give city or town and Ste	ate
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	
3. SEX  M: 4. COLOR OR BACE  Mult	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	93.7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	I miford	22. I HEREBY CERTIFY, That I attended dec	ceased from
6. DATE OF BIRTH (month, day, and year) 7. ACE Years Months	cly 9 1863 Days If LESS than	I last saw have alive on 200 2 2 ,193/; of to have occurred on the date stated above, at 10 B.m.	death is sai
7 4 4	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of ones
SAWYER, BOOKKEEPER, etc	shore on	Uns myrearditis	193
work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupetion (month and year)  12. BIRTHPLACE (city or town)	11. Total time (years) spent in this 3274	Other Contributory Causes of importance:	
13. NAME Benjamin 14. BIRTHPLACE (city of town) Sha	Depris Stern	Name of operation Date of	
(State or country)	md.	What test confirmed diagnosis? Was there an auto	opsy? 4
15. MAIDEN NAME MANN	Eletcher	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) (State or country)	arptown Ind	Accident, suicide, or homicide? Date of injury  Where did injury occur?	, 19
17. INFORMANT MAR Rudol (Address) Sulah	all my man	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	Ε.
18. BURIAL, CREMATION, OR REMOVAL Place Alexandra	Date 11/26/3719	Manner of injury	
19. UNDERTAKER MARGINATION (Address)	ma soir	24. Was disease or injury in any way related to occupation of deceased?	(so
20. FILED 1/1/26 , 1937 m	no J. M. Wallacy Registrar.	GAM COLOR	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 3 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage  BUREAU V. S	Jul 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

1. PLACE OF DEATH		(82-04
County Wicemen	) *	Registration Dist. No. 3.3/
Village or City		No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Mary (a) Residence: No. W. M.	te Haven	If U. S. Veteran, specify WAR
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC  3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
of The	married	(Month) (Oay) (Year)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of Juphen	ally	22. I HEREBY CERTIFY. That I attended deceased from  22. 1 HEREBY CERTIFY. That I attended deceased from  19. 19. 7. to 2. 4. 198. 7.
S. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months	Days   1 LESS then   1 dey,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	tome work	were as follows: Oate of onset  Cordral humovilage Nov 1
CAW MILL BANK oto	un Home	J
10 Data deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupetion	
(State or country)	·Mal	Other Contributary Causes of Importance:
13. NAME John M. June 14. BIRTHALACE (city or town)	rinright	
14. BIRTHFLACE (city or town) (State or country)	ruff	Name of operation Dete of
	the 12 6/11 /	What tast confirmed diagnosis?
15. MAIOEN NAME & Ligable  16. BIRTHPLACE (city or town)	m W. Lygory	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide?
(Stete or country)  (7. INFORMANT Stephens  (Addrass)	lara ya Lalby	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place The rule of seven	Oata 21 er 26 1927	Manner of Injury
19. UNDERTAKER AND LOOK	Jessie of & Sens	24. Wes disaase or injury in eny way releted to occupetion of deceesed?
20. FILEO HOV. 25 , 1937 R. 2/2	olfoed toutte	(Signed) January M. D. (Address) Sulislavy M.D.

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Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

1. PLACE OF DEATH Incomes	CERTIFICATE OF DEATH
County Shepbon Brus pr	Pagistration Dial No. 33
Village or City Rolling and	Registration Dist. No.  No.  St., 2 Ward f death occurred in a hopoital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yes	
2. FULL NAME (abouteon) Dou	ones
(a) Residence: No. 507 A Dw	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)	21. DATE OF DEATHURSOn 1/6
5a. If merried, widowed, or divorcad	(Month) (Day) (Year)
5a. If merried, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY that I attended daceased from
5. DATE OF BIRTH (month, day, end year) (6/3)	l'ast saw h 3 alive dans prog young , 19; death is sai
7. AGE Years Months Days If LESS than I day	to heve occurred on the data statad above, am.  The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were es tollows:
8. Trade profession or particular	Date of once
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  ID. Date daceased last worked at lil. Total time (years)	
ID. Date daceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) aluly Ind- (State or country)	Differ Contributory Causes of importance:
1 = 50	
- WEI OR - T.	
(State or country)	Name of operation
	What tast confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME Evelyn Johnon  16. BIRTHPLACE (city or town). Carutreviele  (State or country)	23. If death was due to extarnal ceuses (VIOLENCE) fill in also the following:  Accidant, suicide, or homicide?
17. INFORMANT This Energy Downs (Address) 305 DDW Solvey The	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Disposed of as how Data 200 6, 1934	Manner of Injury
19. UNDERTAKER Altour Downes (acting	24. Was disease or injury in any way related to occupation of decaased
20. FILED Nov 6, 1937 D. May June	If so, specify (Signed) (Signed) M. I
Registrar.  If more blanks are needed, address State Registrar.	(Address) (Addre

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
5.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	Tayon should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
CRMANENT I	XACTLY.	classified. E	4)
S IS A PE	stated E	properly :	certificate
IK-THIS	should be	it may be	a back of
UNFADING IN	upplied. AGE	terms, so that i	e instructions or
PLAINLY, WITH	ould be carefully s	F DEATH in plain	19N is very important. See instructions on back of certificate.
WRITE	akion she	O EST	Ver is v

is very in

N. B.—WRITE PLA

V. S. No. 1

	STATE O	F MARYLAND-	CERTIFICATE OF DEATH	50
1	. PLACE OF DEATH ,		(31)	_
	county Wiesmie	0	Registration Dist. No. 33	3
	Village or City of Levell	and mid	NoSt., /6	_Ward
	Length of residence in city or town where de		death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. if of foreign birth?yrsmos	
	. FULL NAME Emm	9/1	If U. S. Veteran, specify WAR	
	(a) Residence: No. Dulor	use It	Ward.	
a Million			villand Md If nonresident give city or town and State	
	PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (193	7
5a.	If married, widowed, or divorced HUSBAND of	2	The state of the s	rear)
_	(or) WIFE of /homes 6	Dawning	1 HEREBY CERTIFY That I attended decease	ed from
6.	DATE OF BIRTH (month, day, and year)	aut 1884 6	I last saw h elive on My 2, 1937; deat	h is said
7.	AGE Years Months	Days If LESS than 1 day,	to heve occurred on the date stated above, atm.	
	53	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	ol onset
NO	8. Trede, profession, or particular kind of work done, as SPINNER,		1	237
OCCUPATION	SAWYER, BOOKKEEPER, etc	/	July call offert	
CUP	work was done, as SILK MILL, SAW MILL, BANK, etc	Hausewife		
Ö	10. Dete deceesed last worked et this occupation (month and year)	11. Total time (years) spent In this occupation		
12	BIRTHPLACE (city or town) a Com	08	Other Contributory Chases of importance:	936
12.	(State or country)	ana		936
ER	13. NAME (Olive Ina	llaws	- College of College of the	
FATHER	14. BIRTHPLACE (city or town)Q	emal	Name of operation	
-	(State or country)	- Fua	What test confirmed diagnosis? Was there an autops	1?
MOTHER	15. MAIDEN NAME Com M	ralleurs	23. If death was due to external causes (VIOLENCE) fill in also the following:	
101	16. BIRTHPLACE (city or town)	mal	Accident, sulcide, or homicide? Dete of Injury1	9
-	(State or country)	/ da	Where did injury occur? (Specify city or town, county and State)	
17.	(Address) Tomas (O	Albuming	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL	11.00 3	Manner of injury	
	Piaco Malvery	Date 1916 2 , 19.37	Nature of Injury	
19.	UNDERTAKER amy	lewant	24. Was disease or injury in any way related to occupation of deceased?	
	(Address)	Muny my	If so, specify	
20.	FILED DEC 2, 1937 St.	May Trumer	(Signed)	M.D.
		Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
A STORAGE			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of infor-	should state	of OCCUPA-	1
RECORD. Every	Y. PHYSICIANS	Exact statement	
B. WRITE PLANKY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
B. WRITE PLANLY,	mation should be care	CAUSE OF DEATH i	TION is very importa

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 12254
County Dicamico	Registration Dist. No. 33
Village or City Tharplown	No. St. Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME William & Ellis	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOG OF RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Name of the word)	21. DATE OF DEATH (Month) (Day) (Year)
e. If merried, widowed or divorced HUSBAND of Liggie Co Ellis	22. I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, end year) May 2 /859	I lest saw h
AGE Years Months Deys If LESS then 1 dey, hrs.	to heve occurred on the dete stated above, etm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Labor Darmer /	Carringma - Non
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Deter deceased last worked et this occupation (month and spant in this	
2. BIRTHPLACE (city or town)	Other Centributory Causes of Importence:
(Stete or country)	
(State of Country)	Neme of operation Dete of What test confirmed diegnosis? Wes there en au'opsy?
15. MAIDEN NAME Lah Hoyd  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  Maggingo Ellips	23. If deeth was due to external ceuses (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
(Address) Sharplowe Med  18. BURIAL, CREMANA, OR REMAVAL  Plece Sharplowe Date Nov 28 1937	Manner of Injury
19. UNDERTAKER IN Approvenus 48000 (Address) hardon m	24. Wes disease or injury in any wey releted to occupetion of deceased?
20. FILED Mrs. 23, 19.32 Mr P. Robinson. Registrar.	(Signed) I Sharpton M. [ (Address) Sharpton Sut.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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	Example I	1	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	7 1028	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SUPERIT V. S.	July 5,1927	Peritonitis	3 days ago
· ·				
Other contributory ca	auses of importance:		Other contributory causes of importance:	6.1
Gallstones		May 1,1923	Gastroenteritis	1 year
				-40

-WRITE

1. PLACE OF DEATH ,	(767)
County Illi carrila	Registration Dist. No. 333
Village or City Sale Length of residence in city or town where death occurred 12 yrs.	No. 2 H H Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)  nos. ds. How long In U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Esther Francis Elg  (a) Residence: No. 2 P. D.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winter the word)	21. DATE OF DEATH
58. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Paul Egy  6. DATE OF BIRTH (month, dey, end year)  6. DATE OF BIRTH (month, dey, end year)	(Month) (Day) (Yaar)  22. I HEREBY CERTIFY, That I attended daceased from  November 6, 1937, to November // 1937; death is sale
7. AGE Years Months Deys If LESS than 1 day,	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month and year)  11. Total time (years) spent in this occupation occupation occupation	Rober Gnumonia nos
12. BIRTHPLACE (city or town) Pales a least a	Deter Contributory Causes of importance:  Neme of operation
(State or country)  E 15. MAIDEN NAME Annie Halland	What test confirmed diagnosis? Clinical Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accidant, suicida, or homicide? Dete of Injury 19
17. INFORMANT (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL PROPERTY Deta / Deta / Dev. / 6., 193	Mannar of injury
19. UNDERTAKER James Hy bleward  (Address) Solution of bleward  20. FILEO Nov 13, 19 37 & Mary Transle  Registrar.	24. Was disasse or injury in any way related to occupation of dacaasad?  If so, spacify  (Signed)  (Address 777 M.: Manu St. Salish stry Mara, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
IL DEC 1				
· · · · · · · · · · · · · · · · · · ·				
Other contributory causes of importance:		Other contributory causes of importance:	1541.49	
Gallstones	May 1,1923	Gastroenteritis	1 year	

A te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	82
	County Ovicomico.	Registration Dist. No. 332
should of OCC	Village or City neard Pillserlle md 604	Laur de) St Ward
994	/ O / (II	death occurred in a hospital or institution, give its NAME instead of street and number)
nt nt	Length of residence In city or town where deeth occurred . Q7_yrsQmos	. 2.6.ds. How long in U.S. If of foreign blrth?yrsmosds.
Eve MA Sme	2. FULL NAME Willard Saleshery Osla	MAR MAR
RD. Every YSICIANS statement	(a) Residence: No. Mr. Pittsville	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
F. K.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
. 53.	male While marked	(Month) (Day) (Year)
BINDING PERMANENT EXACTL y classified.	5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERT1FY That I attended deceased from
MA A A ass	(or) HIFE of altha Oslam.	august 1937 to date of desoth
BINI ERM EX/ clan	6. DATE OF BIRTH (month, day, and year) 25 12 30 1868	I last saw h man elive on 11 - 26 . 19 37; deeth is said
<u> </u>	7. AGE Yeers Months Deys If LESS than	to heve occurred on the date steted above, at 1.50 m.
FOR IS A stated proper	69 6 26 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
F( IS sta pro	8 Trade profession or particular	were as follows: Date of onest
ED HIS be be of of	kind of work done, as SPINNER, January SAWYER, BOOKKEEPER, etc	1. Asal Themorrhage (second) 11.46
RVE CTF ould may back	kind of work done, as SPINNER, Januard SANYER, BOOKKEEPER, etc Januard SANYER, Etc. SANYER, etc Januard SANYER, etc	
VK-T Should it may	SAW MILL, BANK, etc.	
8 4 6		
ARGIN RESPIPED IN THE PROPRIET OF STREET ARE ETMS, SO THAT INSTRUCTIONS OF THE PROPRIET OF T	year) Oct 1937 occupation	Other Contributory Causes of importance: -'
F4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12. BIRTHPLACE (city or town) Susliquelle	arturi odersons
ARGIN INFADI pplied. erms, so instruct	(State or country)	
IARGI UNFA supplied n terms, ee instru	13. NAME Jeven Eslian.	
Sul sul	7 14. BIRTHPLACE (city or town) Bestophile	Name of operation
WITH fully n plain	(State of County)	What test confirmed diegnosis? Church Was there an autopsy? M
ALLY, WITH be carefully EATH in plain important.	15. MAIOEN NAME Malacla Brundoly,  16. BIRTHPLACE (city or town) Biologically.	23. If death was due to externel causes (VIOLENCE) fill In also the following:
	[ 16. BIRTHPLACE (city or town) Besterpulle,	Accident, suicide, or homicide? Date of Injury, 19
PLATALY, hould be car OF DEATH very import	(State or country)	Where did injury occur? (Specify city or town, county and State)
T E E	17. INFORMANT Molerman Esliam.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
E PLAShould OF D. S. very	(Address) Parsonstrung ma.	
E O E O	18. BURIAL, CREMATION, OR REMOVAL Place In Case In Company Date Mark 29th 1927	Menner of injury
	Place / S. / Cle 2 M S. Date / Date 195/	Neture of Injury
WRIT WRIT Mation CAUS	19. UNDERTAKER Vm. Howard Wells & Son	24. Was disease or injury In any way related to occupation of deceased? TW
2 (1)	(Address) Jodesielle ma	If so, specify
0)	20. FILE OT. 28, 1937 Villian A. Davis	(Signed) Many M. I
> Z	doeal Registrar.	(Address) Wellatas ma.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BUNEAU V.S	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH  County Liconaic O  Village or City Salesbury (If  Length of residence In city or town where death occurred yrs. 10 mos.  2. FULL NAME Hary Sillian Pley  (a) Residence: No. 72 Security Sillian Pley  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Registration Dist. No.  No. State Sarvatoriumst., f death occurred in a hospital or institution, give its NAME instead of street and it.  St., Ward. Caroline to Medical Communication of the street and its street and	osds.
Village or City. Salesbury (If  Length of residence in city or town where death occurred	No. Stale Sanatoriumst,  f death occurred in a horpital or institution, give its NAME instead of street and it.  S. ds. How long In U.S. If of foreign blrth?  wood  St., Ward. Caroline Co.  If nonresident give city or fown and	number) os. ds.
Length of residence in city or town where death occurredyrs,IDmos.  2. FULL NAME	f death occurred in a hospital or institution, give its NAME instead of street and its factorial of the street and its factori	number) os. ds.
2. FULL NAME Mary Lillian Pleey  (a) Residence: No. Pederal slaving  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	St., Ward. Caroline lo 2	ld.
(Usual place of abode) ( PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	If nonresident give city or fown and	ld.
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	
white ducke	21. DATE OF DEATH  //overless (Month) (Day)	, 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended	deceased from
7 0 3 11 10 10	I last saw h. Qz. alive on Hold 44 1937	, 19.2.1 .: death is said
6. DATE OF BIRTH (month, day, and year) 4 9 5 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.50 2 m.	., qeath is said
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
1 0 1 0 1 ormin.	were as follows:	Data of onsat
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at 11. Total time (years) this occuration (month and	Pulmonary Tuberalosis	Dec
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	//	1928
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Balymore (State or country) Many Cond	Other Contributory Causes of Importance:	
D. A. S. A.		
13. NAME Plufus Flee for od	^	-
(State of country)	What test confirmed diagnosis? X-Ruy Positive Spurk	utopsy?k
15. MAIDEN NAME Ella C andrews  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury	, 19
(State or country) Mary land	Where did injury occur?	
17. INFORMANT Secret on admission	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Placeotederalsburg, Uld. Date /ov. 14, 1937	- Nature of injury	
19. UNDERTAKER A.J. Franches & Soul	24. Was disease or Injury in any way related to occupation of deceased?	70
20. FILED Nov 12, 37 / 1, May Junes	(Signed) Pank Cohen	M. D
Registrar.	(Address) STATE Dand for	min

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should ANS nent

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. E
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#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) un (Day) (Month) (Year) 5a. If married, widowed, or divorced HUSBANO of 22. I HEREBY CERTIFY, That I attended daceased from (or) WIFE of \_\_\_\_\_to\_\_\_\_\_ 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Yaars Months Days to have occurred on the data stated above, at \_\_\_\_\_\_m. 1 day .....hrs. The PRINCIPAL-CAUSE OF DEATH and related causes of importance or\_\_\_\_min. were as follows: Oate of onset 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.\_\_\_ OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ 10. Oate daceased last worked at 11. Total time (years) this occupation (month and spent in this occupation \_\_ yaar) ..... Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or count /) FATHER 13. NAME Date of 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?\_ ----- Was there an autopsy?\_\_\_\_ 15. MAIDEN NAME H 23. If death was due to external causes (VIDLENCE) fill in also the following: MOT Accident, suicide, or homicide?\_\_\_\_\_\_ Oata of injury\_\_\_\_\_\_ 19\_\_ 16. BIRTHPLACE (city or town) (State or count) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION Manner of injury Placa\_ Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKES (Address) If so, specify

Registrar.

(Signed)

(Address) \_\_\_\_\_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must statc:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
TOTAL STATE OF THE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state ORD. Every item of infor-Exact statement HALY, WITH UNFADING INK-THIS IS A PERMANENT KE AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. dation should be carefully supplied. WRITE PL

V. S. No.

of OCCUPA.

SIAIL OF MARYL  1. PLACE OF DEATH	LAND—CERTIFICATE OF DEATH 12289
County Wicomico	Resolution Diet No. 3.33
$\Omega = \Omega + \Omega$	Registration Dist. No.
Village or City Saklabury	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	_yrsmosds. How long In U.S.If of foreign birth?yrsmosds
2. FULL NAME Sugarey & olla	If U. S. Veteran, specify WAR
(a) Residence: No. Of whe bley, "M	WS, St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICU	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED OR DIVORCED (20	D, WHOWED, write the word)  21. DATE OF DEATH  , 193 7
a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attended decaased from
On l	1931, to No. 193
AGE ALXERTS Months Days	If LESS than to have occurred on the date stated above, at
2 2	I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Data of one of the state of the
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Water M	van shuil
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
	(vears)
10. Date deceased last worked at this occupation (month and year) 11. Total tima c spent in occupation occupation	ithis 15400
2. BIRTHPLACE (city or town) - Russufley	Other Contributory Cances of Importance:
(State or country)	d
13. NAME Qubrey Hollas	nd
13. NAME Aubrey Xollas  14. BIRTHPLACE (city or town) Barringer	Name of operation
(State of country)	What test confirmed diagnosis? Christial Was there an autopsy? A
15. MAIDEN NAME I da Mergelet	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME Jaa Mergelet 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident, Data of Injury 200/, 193.
(State or country)	Where did Injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
7. INFORMANT AND THE CONTROL OF THE	Specify whether in luty occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAE	Manner of injury
Place Fairmont, Can. Date /10V	4 - 19 37 Nature of injury Irracture shall Cumber the
9. UNDERTAKER Shy A Bradsho	24. Was disease or injury in any way related to occupation of deceased?
0. FILED Nov. 1,1937 & May.	(Signed) Mc M. Registrar. (Address) Arlia fun M.
If more blanks are needed, addre	ess State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DE 7 1951				
Other contributory causes of importance: S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Manager and the same				

1. PLACE OF DEATH .	- Tenan
County Tycomys -	Registration Dist. No. 330
Village or City Market Sprus 2001	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
1 and the ble	
2. FULL NAME	If U. S. Veteran, specify WAR
(a) Residence: No. // alally (Usual place of abode)	MU_St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  M. 4. COLOR OF PACE  White  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (washed the word)  MANUAL	21. DATE OF DEATH,  North les 2 (1) 193 7.  (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of  And B. Bennett	1 HEREBY CERTIFY, That I ettended deceased from hovey los 12, 1937, to 1200 los los 22, 1937
6. DATE OF BIRTH (month, day, and yeer) Sun 23. 1865	I last saw h we elive on have whele 2 2 , 1937; deeth is said
7. AGE Years Months Days If LESS than I day,hrs.	to heve occurred on the date steted above, et 1.2 . 3.0 km.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:  Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Culsal Censulage activisalesoris
10. Bate decesed last worked et this occupation (morth and year) 13. Total time (years) spent in this occupation // year) 12. BIRTHPLACE (city or town) Markellay Springs	Other Contributory Causes of importence:
(Stete or country)  13. NAME  14. BIRTHPLACE (city or town)	Name of operation Date of
(Stete or country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Sush M. Mills  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT March Solar Bopkins (Address)	23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Piece Market Spr. Date 11/4/3.7.,19	Manner of injury
19. UNDERTAKER MISSING MELLING STALLS  (Address)  20. FILED 11/4/37 19 MISSING STALLS	24. Was disease or injury In eny way related to occupetion of deceased?  If so, specify  (Signed)
Registrar.	(Address) Helin - M.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEC 0 1334	July 5,1927	Peritonitis	3 days ago	
MINN AU V. S.	٤			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FUR	THER STATEMENTS	BY	PHYSICIAN
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SIAIL OF MARYLAND—	-CERTIFICATE OF DEATH
County Diconnice	Registration Dist. No. 333
Village or City, Salisbury	No. Series Series Hospital St., 9 Ward of death occurred in a Korpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME  (a) Residence: No.  (Usual place of abode)  (Usual place of abode)	A. Stg. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX  4. COLOR OR BACE OR DIVORCED (write the word)  Surge	21. DATE OF DEATH  Nov 2 4, 193 / (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Nov 22, 1939	I last saw h 171 alive on 1937 : death is sale
7. AGE Years Months Days If LESS, than f day, — hrs. or	to have occurred on the date stated above,
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	President Celsons
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this eccupation (wonth and the contraction this procupation (month and the contraction the contraction that th	(6 mes infant)/
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Salisbury (State or country)	Other Coutributary Causes of Importance:
A Chief The Man And And And And And And And And And An	-
14. BIRTHPLACE (city or town) Sands Jany (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME LES Vinginia Jester	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (les) Singura Jester  16. BIRTHPLACE (city or town) Salipbing  (State or country)	Accident, suicide, or homicide?
17. INFORMANT LEV Linging lester (Address) Salashany, Ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 18. BU	Manner of Injury
19. UNDERTAKER (Browned by Fransily Cachis (Addiess)	24 Was disease or injury in any way related to occupation of deceased?
20. FILED Dec 13,03 ft May Junes	(Signed) (Signed) M. D
Registrar.	(Address)

IARGIN RESERVED FOR BINDING

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PHYSICIANS Exact statement

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CAUSE OF DEATH

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JRD. Every item of infor-

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10.—The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy		Date of onset  1 week ago
Arteriosclerosis	1915			
Chronic interstitial nephritis	1921	Run over by street car		-1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	ROODIVED	\$ days ago
			DEC 23 1937	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory ca	uses of importance: BUREAU V. S.	1 year

4 00	ADDITIONAL SPACE FOR	FURTHER STATEMENT	rs by physician	
to anthony	stem & Change	set see form	filefunder.	Fisher. B. 2/1/38
			V	

WRITE PL

V. S. No. 1

TION is very important. See instructions on back of certificate.

state

of OCCUPAplnods

## STATE OF MARYLAND-CERTIFICATE OF DEATH

12292

1. PLACE OF DEATH	WB AAA
County Vicomico	Registration Dista No. 333
Village or City Salisbury	No. 14/1 E. Church St. 5- Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca In city or town whare death occurrad	ds. How long in U.S. if of foreign birth?ds.
2. FULL NAME Michard M. Johns	If U. S. Veteran, specify WAR
(a) Residence: No. 14/1 C. Church St	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male White Widowed	(Month) (Day) (Yaar)
5e. If merried, widowad, or divorced HUSBAND of	
(or) WIFE of fatience G. Lineley	22 AEREBY CERTIFY. Thet I attended daceasad from
0 40 0111	19 10 10 10 10 10 10 10 10 10 10 10 10 10
6. DATE OF BIRTH (month, day, and year) Jan. 29, 1846	I last saw but alive on ADY Zugus 8, 19.37; death is said
7. AGE Yeers Month Days If LESS than 1 day,hrs	to have occurred on the date steted above, at. 1.3.3.0.A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
9/ 9 / ormin.	were as follows:
Trade, profession, or particular kind of work done, as SPINNER,	Caremona / Dugel 1
SAWYER, BOOKKEEPER, etc.   Lawrence Southern Sawyer, etc.   Lawrence Southern Saw	4
work was done, as SILK MILL,  SAW MILL, BANK, etc.	
11. Total time (years)	
this occupation (month and 1916 spent in this 35 occupation 35	
Magalia	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
[State or country]	Nama of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Martha Hammond	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Martha Hammond  16. BIRTHPLACE (city or town) Mr Record	Accident, suicide, or homicide? Date of injury, 19
(State or country) Delaware	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Bessie M. Hudson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) /4// &. Church St.	
18. BURIAL, CREMATION, OR REMOVAL Piace Parretts Classel Date Move 8 193	Manner of injury
Place Daniells Chapter Date 1600, 19.3.	Nature of injury
19. UNDERTAKER The Hell & Johnson co.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salisbary, and	If so, spacify
20 FILED Nov 6 1937 & Mr ay hume	(Signed) My Clay are M. D.
Registrar.	(Address) Alles May Affa.
If more blanks are needed, address State Registra	2413 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
THE PART V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			THE PARTY	

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	- C	1921	Run over by street ear	1 week ago	
Cerebral hemarrhage	DEC 7 1931	July 5,1927	Peritanitis	3 days ago	
	The state of the S				
Other contributory c	auses of importance:		Other contributory causes of importance:	E4,8 E1	
Gallstones		May 1,1923	Gustraenteritis	1 year	

should state

item of infor-

1. PLACE OF DEATH		(F)
Village or City Salus L	wey No. As	Registration Dist. No. 33  Hospital Saucentst Mul 3Ward reptal or institution, give its NAME instead of street and number) ng in U.S. if of foreign birth? ys mos. ds.
2. FULL NAME le flore (a) Residence: No.	3 11 11	S. Veteran, specify WAR
PERSONAL AND STATISTICAL P		DICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGL OR DE	LE, MARRIED, WIDOWED, WORCED (write the word)	<del></del>
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Corago La	10/1	EREBY CERTIFY, That I attended deceased from (3), 1937, to ////9, 1937.
	eys   II LESS than to have occurred or	alive on
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Total time (years) spant in this occupation Other Contributory	Causes of Importance:
13. NAME AMES AMES  14. BIRTKPLACE (city or town) So by CT 2 1  (State or country)	Neme of operation.	Dete of
15. MAIDEN NAME May E. Bray  16. BIRTHPLACE (city or town) Solubu  (State or counity)	23. If death was due Accident, suicide, o Where did Injury o	to external causes (VIOLENCE) fill in also the following: r homicide?, 19, 19
17. INFORMANT Y MILE TO TO THE STATE OF	uf, mg	
19. UNDERTAKER MASSELSE (Address)  20. FILED Nov. 20, 1937 V. M.	ay Junes (Signed) (Addre	njury in any wey related to occupation of deceased? Zee.  M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
	¥		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# infor-state UPA-

X	PHYSICIANS should tack of statement of OCCI	
FOR BINDING	Stated EXACTLY. properly classified. Ecertificate.	
LARGIN RESERVED FOR BINDING	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCI TION is very important. See instructions on back of certificate.	
S. No. 1	Mation s CAUSE TION is	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12295
1. PLACE OF DEATH ,	(IO)
County To we muco	Registration Dist. No. 337
Village or City Jasken	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME JAMES MA RATE	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) about 1862	I last saw h; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
about 75 ? If day,hrs.	THE FRICATAL CAUSE OF DEATH and related causes of importance
2 Trade profession or particular A D	aute Mepholis Oate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	
9. industry or business in which work was done as SILK MILL.	acceletal burns
work was dona, as SILK MILL, SAW MILL, BANK, etc.	no building involved cever
	Patient, amold man; fell against story
year) occupation	Other, Coatributory Causes of Importance:
12. BIRTHPLACE (city or town)	Severalized arterio-
(Stata or country)	selenes
13. NAME ON A MANAGEMENT OF THE STATE OF THE	
I A DIDTIDUATE (-ib) A	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
f5. MAIDEN NAME	
f6. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? Accident, Date of injury 1-25, 1937
f6. BIRTHPLACE (city or town)	11 - 7 - 1
(State or country)	Where dld injury occur? (Specify city or town, county and State)
17. INFORMANT Ales Laurel Laskield (Address) Turisking Mo	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury 2 nd deeper Crisis
Place Typaskin Med Date new 27, 193,	
1 OCH winhall	
19. UNDERTAKER CALLE CONTROL CANDIDATE TO CONTROL CANDIDATE TO CONTROL	24. Was disease or injury In any way related to occupation of dacaased?
71	If so, spacify all seeds we
20. FILED NOV. 26, 19 K. William Walter	(Signed) M. D
Registrar.	(Address)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC 7 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. 2	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Length of residence is city or town where both occurred	Registration Dist. No. 333  No. St., Ward  No. How long in U.S. if of foreign birth? wrs. mos. d  If U. S. Veteran, Decity WAR  St. Ward
Village or City  Length of residence in City or town where thath occurred.  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3.6EX  4. OLOR R RASE  5. SINCLE, MARRIED, WIDOWED, OR HUSBAND of (or) WIES of WILLES (widowed, or divorced HUSBAND of (or) WIES of WILLES (widowed, or) WIES of WIES of	No
Length of residence if city or town where both occurred	ds. How long in U.S. if of foreign birth?yrsmosd
Length of residence if city or town where both occurred	ds. How long in U.S. if of foreign birth?yrsmosd
(a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3.6EX  4. QLOR R RASE 5. SINCLE, MARRIED, WIDOWED, OR HUBBERO (portie the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIEF of Particular (porties)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min. we	If U. S. Veteran, specity WAR
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3.6EX  4. QLOR R RASE 5. SINCLE, MARRIED, WIDOWED, OR SHORCED (purite the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIES of Particular Parti	St / Ward Dahelen MM
3. SEX 4. QLOR R RASE 5. SINCLE, MARRIED, WIDOWED OR HORCED (purite the wood)  5a. If married, widowed, or divorced HUSBAND of (or) WIES of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.	If nonresident give city or town and State
5a. If married, widowed, or divorced HUSBAND of (or) WIES of Solice Mulls  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.  The week of the wood	MEDICAL CERTIFICATE OF DEATH
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs. 0rmin.	Month) (Day) , 193 (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. Ormin.	(Month) (Day) (Year)
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	1 HEREBY CERTIFY. That I attended deceased fro
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	Daw h alive on Nov. 15, 19/; death is se
ormin. we	have occurred on the date stated above, atm.
8. Trade, profession, or particular kind of work done, as SPINNER, August SAWYER, BDOKKEPER, etc	he PRINCIPAL CAUSE OF DEATH and related causes of importance ere as follows:
9. Industry or business in which work was done, as SILK MILL,	
work was done, as SILK MILL,	0116-19-00 1197
SAN WILL, DANN, EU.	- Mister (mitters 1/2/
10. Date deceased ast worked this confusion month and the company of the company	
10 10 10 10 Dt	ther Contributory Causes of Importance:
(State or country)	193
	Ty received
IPM II	alle Jalens 173
	ame of operation Date of
VIII VIII	hat test confirmed diagnosis? Was there an autopsy?
100 1614	if death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)  (State or country)	ccident, suicide, or homicide?, 19,
Mar Facil Maill	here did injury occur? (Specify city or town, county and State)
(Address) P.O. # / Salishy Mid	pecify whether injury occurred in INDUSTRY, in HOME, or in PÜBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL O MA	lanner of Injury
Piace Na	ature of injury
-3-2-6	Wes disease or injury in any way related to occupation of deceased?
20, FILED Nov 18, 19 37 ft. May Junes	
Registrar.  If more blanks are needed, address State Registrar, 2411.	(Signed) Allery M.  (Address) Dafe but Ind

ż

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

ADDITIONAL SPACE FOR FURTHER	RSTATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 12297
1. PLACE OF DEATH	35.2
County Wiconico	Registration Dist. No. 333
Village or City Pennsula Ganeral H	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	3. As. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Calment miss Evelyn.	If U. S. Veteran, specify WAR
(a) Residence: No. Neurand, Mary land (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 19 7 19 19 37
6. DATE OF BIRTH (month, day, and year) Unil 16, 1917	I last saw h. O. alive on 11-10 ,1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
20 6 24 ormin.	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Pulally Braun Tarror hely
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et Sept. 30 11. Total time (years) this occupation (month and	
10. Date decessed last worked et Sept 30 11. Total time (years) spent in this 4-5-42 occupation 4-5-42	Linkmown , whather tenign on malignant.
12. BIRTHPLACE (city or town) Saran Flill  (State or country)	Other Contributory Causes of Importance:
13. NAME Edston Palmer	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of Date of What test confirmed diagnosis?
15. MAIDEN NAME Mysa Imach	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (State or country)	Where did injury occur?
17. INFORMANT Myra Jalynes (Address)  Newson Miles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Lewarh Cem. Date Nov 12, 1937	Neture of injury
19. UNDERTAKER MAS M. Jasha Walson (Address)	24. Was disease or injury In any way related to occupetion of deceased?
20. FILED Nov 10, 1834 D. Fray Jumes	(Signed) (Signed) M. D. M. D.
Registrar.	(Address) Sausvurg, Pro),

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Example II

12xample 1	de de	reyamble 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
n 1037			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
in the second			

#### STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH Jo pluods County Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) ORD. Every Length of residence in city or town where death occurred is llow long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. statement 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. (Usualblace of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. assified. 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of C ti certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years If LESS than Months Days to 1 day ....- hrs. or .... min. 8. Trede, profession, or perticular OCCUPATION kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_\_ back may on 10. Data deceasad last worked at 11. Total time (years) this occupation (month and spant in this that occupation . . . instructions 12. BIRTHPLACE (city or town (Stata or country) in plain terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town) (Stata or country) W OTHER is very important. 15. MAIDEN NAME 23. Ac OF DEATH 16. BIRTHPLACE (city or town (Stata or country) pe SI plnods 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL WRITE CAUSE TION 24.

Registrar.

If more blanks are needed, address State Registrar, 2411

		CERTIFICAT	E OF DEAT	Н
DATE OF	DEATH	Mov. (Month)	(Day)	, 193 7 (Year)
st faw h	_ alive on	Y CERTII	wor f	dad decaased from , 19.3.7 3.7.; death is said
		ATH and related ca		Date of onset
Contributory	Causes of im			
~~~~		ing (left)		014/2/36
	Colesta	- (left)		of 4/13/26
ne of operation It tast confirme death was due ident, suicide, c	d diegnosis?	Chuich causes (VIOLENCE)	Dete Was thera fill in also the folic Dete of injury	an au'opsy? Nowling:
t tast confirme death was due ident, suicide, c ore did Injury o cify whether in	d diegnosis?	chuicist eauses (VIOLENCE)	Dete Was thera fill in also the folic Dete of injury or town, county and	an au'opsy?

7. S. No. 1

(Address)

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 7 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	959
County // Co	Registration Dist. No. 333
Village or City Juliality 1119,	No. 131. Clm St., 5 Wa
Length of residence in city or town where death occurredyrs,	(If death occurred in a horpital or institution, give its NAME instead of street and number)  mosds. How long ip U.S. If of foreign birth?yrsmos
leaned 216 F	11 1 10 10 10 10 10 10 10 10 10 10 10 10
FULL NAME	VAR S. Veteran specif WAR
(a) Residence: No./3 (Usual place of abode)	St., S Ward If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
X 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED	
Tale While Machinities the Most	(Month) (Day) (Year)
married, widowed, or divorced HUSBAND of	
(or) WIFE of Glorgeanna Person	HEREBY CERTIFY. That I attended deceased from
1. net 13 186	8 Harman 1997 26 37
ATE OF BIRTH (month/day/and year)  SE Years Months Days If LESS tha	I last saw h
( 9 ) 1 day,	To the desired on the date states above, states and the states are the states and the states are
8. Trade, profession, or particular	were as follows:
kind of work done, es SPINNER, / Chris	arthroaderous Sever
9. Industry or business in which	yrs ag
work was done, as SILK MILL von Moul	al
10. Date decrass last worked at this scan and another and the crears this scan and the crears the second and the crears the crears the crears the crear the crears the crears the crears the crears the crears the crear the crears the crear the crears the crears the crears the crears the crears the crear the crears the crear the crears the crear the crears the crears the crear the c	
year) occupation	
IRTHPLACE (city or town Saltement	Other Contributery Capses of Importance:
(State opcountry)	- brascules disease rus.
13. NAME Ithm H. Personalle	(2) Cardiac de consensation Sue
14. BIRTIPLACE (city or town) Ballinger	Name of operation
(State or country) ma.	What test confirmed diagnosis? Clicical Y was there an autopsy?
is MAIDEN NAME Margaret	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) / numarte.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
Mrs. herre anne. Person	(Specify city or town, county and State)
VFORMANT (Address) / 37.	ma
URIAL, CHEMATION, OR REMOVALO	Menner of injury
Place acous lem, Date N. 3 = 19	Nature of Injury
Holloway + C.	
NDERTAKER (Address)	24. Wes disease or injury in any way related to occupation of deceased?ZeS
24. 6- 34. 0. 20. 01	If so, specify (Signed)
Registrar	(Signed) (Address) All De

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

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should state

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		
County Wiconico		Registration Dist. No. 333
Village or City Communication	- General Ho	ental Salesbury Md St. /3 Ward
Length of residence in city or town where de		f death occurred in a horpital or institution, give its NAMS instead of street and number)  Leds How long in U.S. if of foraign birth?
2. FULL NAME Grange &	Jenry Doely	If U. S. Veteran, specify WAR
(a) Residence: No. Gradu	I les 1. Door	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
	movued.	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oda Solu		22. I HEREBY CERTIFY, That I attended deceased from
71 11 10/14		11-12-37,19,10,11-13,1937
6. DATE OF BINH I month, day, and gear of the	- He cord	I last saw have alive on 11 - 13 -37 , 19 ; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at
73	2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER,	201	Thrangulation of
SAWYER, BOOKKEEPER, etc.	inmer.	Retto pentone el Herria. 11/8/3
work was done, as SILK MILL, SAW MILL, BANK, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	11. Total time (years)	
year)	occupation	Other Contribution of the
12, BIRTHPLACE (city or town)	<b></b>	Other Coutributery Causes of importance:
(Stata or country)		
13. NAME Hanny Soel	4	
13. NAME Henry Soel	Auni.	Name of operation Enterology Date of 11/12/37
(State of country)	4	What test confirmed diagnosis? Autopay Was there an autopsy?
15. MAIDEN NAME Unknow	W	23. If daath was due to external causas (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Unhnow  16. BIRTHPLACE (city or town) While  (State or country)	ו שנשים ו	Accident, suicida, or homicide? Date of Injury, 19
(Stata or country)	/	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT SLEDLOS T.	seely (son)	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	, all	
Place Delenwood De	Pate Mr. 16 1937	Manner of injury
94 & 7 to a	Interior	Nature of injury
19. UNDERTAKER A. C. (Address) Backer 16.	10/1 /em	24. Was disease or injury in any way related to occupation of daceased?
"hor 12/ 24 /L"	may lines	(Signed) Lakademah M. D.
20. FILED 20, 190/ 8'	Registrar.	(Address) 1/2 Main of Haliston Ind
If more bl		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

ECORD. Every item of infor-PHYSICIANS should state

properly classified. Exact statement of OCCUPA.

UNFADING INK-THIS IS A PERMANENT R

pe

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

AGE should be

TARGIN RESERVED FOR BINDING

stated EXACTLY.

1. PLACE OF DEATH		——————————————————————————————————————	
County Micamica.		Registration Dist. No. 33	2
Village or City Pillaville	md.	NoSt.,	Ward
Length of residence in city or town whara deat		f death occurred in a hospital or institution, give its NAME instead of street and sds. How long in U.S. If of foreign birth?yrsm	
e 11 . C	01	1	0505.
2. FULL NAME OLIGORIAL	· 10 0 DILOCKE	If U. S. Veteran, specify WAR YLO.	
(a) Residence: No.	(Usual place of abode)	// St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH More 18	. 1937
5a. If married, widowad, or divorced	markeel	(Month) (Oay)	(Year)
HUSBAND of Clice Shock	sley'	22.   I HEREBY CERTIFY, That I attended	dacaasad from
6. DATE OF BIRTH (month, day, and year)	0,6 1870	I last saw h alive on Nove 15 19 22	: death is seld
7. AGE Yaars Months	Oays If LESS than	to have occurred on the dete stated ebova, at 8.4, m.	
67 /	5   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	16.1
8. Trade, profession, or particular kind of work done, as SPINNER,		Caretir Vascular	Date of onset
SAWYER, BOOKKEEPER, etc.	duce Broker	Revol William	1930
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total tima (years) spent In this occupation		Massassis
12. BIRTHPLACE (city or town) Near M	iton: 7	Other Contributory Causes of Importance:	1937
(Stete or country)	nd'		
13. NAME ELJAL Shock  14. BIRTHPLACE (dy or town) Near ML	ly!		
14. BIRTHPLACE (dly or town) near Mu	elaf	Name of operation Oete of	
(Stata of Country)	mk!	What test confirmed diegnosis? Wes there en	eutopsy?
15. MAIDEN NAME COMMON ALLONS  (State or country)	alliggin	23. If deeth was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town) YLLOWU \	illsiddle	Accident, suicide, or homicide?	, 19
CD' - 11 1	)mil.	Where did injury occur? (Specify city or town, county and State	te)
17. INFORMANT ULL SLOCK (Address) P. TTA in II. 2	elin	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL CREMATION, OR REMOVAL		Menner of Injury	
Plate Tarsons Cemetry.	Date 1) 00 12 604, 1937	Nature of Injury	
19. UNDERTAKER Um. Boward.	Wells 4 Son	24. Was disease or injury In any way related to occupation of deceesed?	Ku
(Address)	a Di.	If so, specify (Signed)	
011 10 29 1001			

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ~ 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PL.

V. S. No. 1 22

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<b>(4)</b>
County Wiconico	Registration Dist. No. 333
Village or City Peninsula General H	ostata Salubury Md St., /3 Ward f death occurred in a horpital or institution, give it NAME intred of street and number)
Length of residence in city or town where death occurredyrs	s. 5 ds. How long in U.S. if of foreign birth yrs. mos. ds.
2. FULL NAME Cara Keyer Skurer  (a) Residence: No. Chesterton Maryana  (Ustal place of abode)	U If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH  (Month) (Day) (Par)
5a. If married, widowed, or divorced  HUSBAND of Charles Howard Eleven	22. I HEREBY CERTIFY, That I attended deceased from 11-14, 19-37, to 11-19 19-37
6. DATE OF BIRTH (month, day, and year) Sept 23, 1873	Had and A to 1 allow at 11 19 19 1977
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 11 92 m.
64 1 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Control thrombono Date of onjet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month and	
10Oate deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Kent County  (State or country)	Other Contributors Causes of importance: DioBelio mellitus 17 year
# 13. NAME William Edward Keiner.	
13. NAME William Edward Keyner.  14. BIRTHPLACE (city or town) Chester Cd, Pal  (State or country)	Name of operation. Name Date of Date of 14
15. MAIDEN NAME Emma Pennington	What test confirmed diagnosis? - Factorationy - Was there an aulopsy? Mo
16. BIRTHPLACE (city or town) Cocal Co., mg.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs. Charles albert Shiruen (So	Where did injury occur?
18. BURIAL, CREMATION, DR REMOYAL	Manner of injury
Place Data Date 11 - 195	Nature of injury
19. UNDERTAKER Malph H. Wailton	24. Was diseaso or injury in any way related to occupation of deceased? Ho
20. FILED Nov- 19, 19 3 ? May June Registrar.	(Signed) fakalemaker M.D. (Address) 1/2 Mai st. Jahahan M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NEC 7 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
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PHYSICIANS should state ORD. Every item of inforproperly classified. Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT IS stated EXACTLY. IARGIN RESERVED FOR BINDING AUSE OF DEATH in plain terms, so that it may be AGE should be tion should be carefully supplied.

V. S. No. 1

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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
County Thicomies	Registration Dist. No. 333
Village or City Salisbury	No. Groad St., 3 Ward
length of residence in city or town where death ordered 37 yes	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?
P 1 1000 0	
2. FULL NAME July M. Smith	If U. S. Veteran, specify WAR
(a) Residence: No. Word Attent	St., Ward.  Alisbury, Md If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / / / 193 7 (Month) (Dey) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFICATION 1 attended decessed from
6. DATE OF RIRTH (month, day, and veer) Oat. 92, 1867	i jest saw h 10 elive on 800 14 1997; death is seid
6. DATE OF BIRTH (month, day, and yeer) (12, 22, 176) 7. AGE Years Months Oeys If LESS then	to have occurred on the dete stated above, at 3:15 A.m.
70 0 2 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance
Trade profession or perticular	Date of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Leus Maker	Valenday Heart Disease !!
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MilL, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occurrention (month end	
10. Date decessed last worked at this occupetion (month end spant in this scupetion (month end spant in this spant in this	-
this occupation (month and 1926 spant in this 25	
12. BIRTHPLACE (city or town) - Salisbury,	Other Contributory Causes of importence:
(Stete or country) Mary Land.	
13. NAME Major J. Smith	
14. BIRTHPLACE (city or town) Salisbury.	Name of operation Dete of
(State of country) / Carycoad 1500 pg	Whet test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Mary of Smilespa	23. If deeth wes due to externel causes (VIOLENCE) fill in eiso the following:
16. BIRTHPLACE (city or town) Salisburg.  (State or country) Manyland.	Accident, suicide, or homicide?
21. Me Al 8:41	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mess Mary I Smith (Address) Broad St. Leksha. mil	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Piece Laisonis Cem Onte Hov. 16,1937	
19. UNDERTAKER The Will Sohnson Co.	24. Wes disease or injury in any wey polated to occupation of deceased?
(Address) Main & Davis Sta Salastry med	if so, specifyA
20. FILEO Nov 15 1937 & May Junes	(Signed) My Miller Clark M. O.
Registrar.	((Address) Dales Lacy IId

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		0, 02	

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSIC	IAN
					- 1

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12	306
1. PLACE OF DEATH	210-m	
County Weirmin	Registration Dist. No. 3	33
Village or City Salisting Len 4	ensoral Hay st, 13	Ward
	death occurred in a hospital or institution, give its NAME instead of street and numb	
2. FULL NAME Mrs Emma mystle Stephe	If U. S. Veteran, specify WAR	
(a) Residence: No. 108 Fiberty St.	St., Ward.	
(Visual place of abode) fall	sbury, Mg, If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha wort)  Market	21. DATE OF DEATH  North  (Month)  (Day)	37. (Year)
Sa. If married, widowad, or divorced HUSBAND of (or) WIFE of Cay Stephens	22. f HEREBY CERTIFY, That I attended dece	eased from
6. DATE OF BIRTH (month, day, end year) Typas 3 1899	I last saw h & Y aliva on Nov. 3 ,1937; de	
7. AGE, Yaars Months Days If LESS than	to have occurred on the date stated above, at 2.2m.	
38 3- 1 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	te ol onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Fracturel shull	
	D Crebrol Continuous M	102,19
9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc		
10. Data dacaasad last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) West waginsia.  (State or country)	Other Contributory Causes of Importance:	
1 Michael Manage		
13. NAME William Rebbergall	Nama of operation 22000 Data of	
(State or country)	What test confirmed diagnosis? Africal Printing Was there an autop	sy? 200
15. MAIDEN NAME Laina & Jauley	23. If death was due to external causes (VIOL ENCE) fill In also the following:	Dill
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? accident Date of Injury Mrs 3.	, 19 3 7.
(State or country)	Where did Injury occur? Wortsty Town, (Specify city or town, county and State)	d
17. INFORMANT Office C. Culous	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Bullin md,  18. BURIAL, CREMATION, OR REMOVAL	Tuble Toggaray	2 0
Place Charleston Miladale Mrd, 8, 1937	Nature of injury Front took Shull & Brain Con	tusin
1 1/2 /2	24. Was disease or Injury In any way rafated to occupation of daceased?	-
19. UNDERTAKER (Address)	If so, specify	Δ
20. FILED What. 3 19 34 De May Turner	(Signed) Falademak	M. D.
Registrar.	(Address) 1/2 Man At, Salestury	nel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	=13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	CERTIFICATE OF DEATH 12307
1. PLACE OF DEATH	(3)
County Westernsky	Registration Dist. No. 337
Village or City Manticatel	No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
1.7	ds. How long in U.S. if of foreign birth?
2. FULL NAME Warl J. Waller	If U. S. Veteran, specify WAR
(a) Residence: No. Manticate Ma (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The second of the s	21. DATE OF DEATH  (Morth)  (Day)  (Year)
HUSBAND of Corp. WIFE of A leel John Waller	22. I HEREBY CERTIFY, Thet I attanded daceased from 7, 1937
7. AGE Years Months Days If LESS than I dey,hrs. ormin.	to have occurred on the data stated above, at V-40. Am.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Data of onset
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this geometrian (month and specific properties).	alu reginus
10. Data deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation / Oy  12. BIRTHPLACE (city or town) Mandische	Other Contributory Causes of importance; nephrite
(State or country)	
13. NAME William waller	
13. NAME Walliam Wally  14. BIRTHPLACE (city or town) Maintinancy  (State or country)	Neme of operation Date of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & Light Darler  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Walker Jacobrice  (Addrass)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?
18. BURIAL, CREMATION, OF REMOVAL Place Handler Red Quate 7197, 197	Manner of Injury
19. UNDERTAKER Will Walto My Jons	24. Was disease or injury In any way related to occupation of deceased?
20. FILED May. 8 , 1937 R. Woolford Walter Registrar.	(Signed) Willes Julia M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	łi d	Example II	
of importance work or	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	s follows:	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 7 1997	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12308
1. PLACE OF DEATH	24
County Mico	Registration Dist. No. 333
Village or City Sales leng (If	No. Jess Mary Conference St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ton water	If U. S. Veteran, specify WAR
(a) Residence: No. 3 www Was (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If merried, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY. That I attended deceased from
0/11/20/02	10-5-2- 10 1/- 10- 10 gJ
6. DATE OF BIRTH (month, day, end yeer)	to have occurred on the date stated above, et
/ / / l day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence
6 / ormin.	were as follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2 10 7 - 8 - 0 - 9/20
9. Industry or business in which	My cums accurate 1/2/3
9. Industry or business in which work wes done, as SILK MiLL, SAW MILL, BANK, etc	
0 10. Oate deceased last worked et this occupation (month and spent in this	
year) occupetion occupetion	Other Contributary Canses of importance:
12. BIRTHPLACE (city or town) Many Land	
(State or country)	Melides
13. NAME Pandolph Water	
14. BIRTHPLACE (city or town) - January & any & any	Neme of operation
(State of country)	Whet test confirmed diagnosis? Wes there an eutopsy?
16. BIRTHPLACE (city or town) Jyounghouse design of the country	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) If any one of the state of the st	Accident, suicide, or homicide?
E (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Lyda La des	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Sanary Kall, M.A.  18. BURIAL CREMATION, OR REMOVAU)	
Place 12/ Le soley even for /7 1918)	Menner of Injury
Howestelling .	Nature of injury
19. UNDERTAKER TE and Thomas (Address) Thomas Hill	24. Wes disease or injury in any wey related to occupation of deceesed?
20. FILEO Nov 13, 1937 & May Junes. Resistrar.	(Signed) M. O. (Address) M. C.
	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 12303
1. PLACE OF DEATH	46.E
County Milesmice	Registration Dist. No. 332
Village or City Pittarell	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME Elmey & Mest.	m
(a) Residence: No. Pollanill	If U. S. Veteran, specify WAR If O. St Ward.
(Usual place of abode)	If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male a a Midamer	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (ev) WIFE of	22 I HEREBY CERTIFY, That I attended deceased from
Olece m West	May100 1987 10 MNJ 9 1937
6. DATE OF BIRTH (month, day, and year) about 1800	I last saw h alive on 10 7 , 19 87; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at.
	The PRINCIPAL CAUSE OF DEATH and relationceuses of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Course I have
	73.
9. Industry or business in which work was done, es SILK MILL, J. A. SAW MILL, BANK, etc.	
year) 1987 occupation occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town)	
E POLL III	D
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
E 15. MAIDEN NAME Maria, Bishah	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Maria Bishop  16. BIRTHPLACE (city or town) Pattamelle	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT My Busher mellet	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) (Addre	Moreon
Place Glosofull Com: Detel Dr. /2 1937	Menner of injury
0.128/	Neture of injury
19. UNDERTAKER A CASHULAN TO A	24. Was diseese or injury in any way related to occupation of deceased?
20. FILE Nov. 12, 1937. Lilian P. Davis	(Signed) Could De M. D. (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

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Example I	İ	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
. , , , 3.			
Other contributory causes of importance:	~	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	S A PERMANENT RECORD. Every item of infortated EXACTLY. PHYSICIANS should state	roperly classified. Exact statement of OCCUPA-retificate.
V/	yound hould	000
	y ite	t of
	Ever	emen
	RD.	stat
	RECO PH	xact
- 1	NT I	_
INC	CT	sified
OR BINDING	ERM.	clas
R B	A PE	roperly rtificate.
0	Stat	roj

STATE OF M	ARYLAND-	CERTIFICATE OF DEATH 123	11
1. PLACE OF DEATH .		PIL	
County Wicomics		Registration Dist. No. 3	3,3
Village or City Renuncia	General.	Harmonta D Sale Source Mod St /	2 Ward
	Ų	f death occurred in a hardital or institution, give its NAME instead of street and num	nber)
Length of residence in city or town where death occur	0.	How long in U. S. If of foralgn birth yers	ds.
2. FULL NAME Heroma M.	ute	If U. S. Veteran, specify WAR	
(a) Residence: No. 1.) ana QU	al place of abode)	St., Ward.  If nonresident give city or town and St.	ale
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Semale Colored She	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH 20 10 ,1 (Month) (Day)	93 (Year)
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended dad	ceasad Iron
0	6	, 19 <sup>-4</sup> , to 70	., 193.7.
7. AGE Yaers Months De	rys II LESS than	I last saw h	daeth is said
1)	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular	ormin.	were as follows:	Date of ensst
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.	) <u></u>	Burns of body	
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	) )	There was no burning Building finoured.	
	Total time (years) spent in this	Clathing ignited from open fine, in fine	
6 4	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	<u> </u>		
E 13. NAME Baleh White			
14. BIRTHPLACE (city of town) Sometime (State or country)	-00	Name of according Property	
(State or country)	1	Name of operetion Date of Was there an auto	2
E 15. MAIOEN NAME Carrie Wila	alal	What test confirmed diagnosis? Was there an auto  23. If death was due to external causas (VIOLENCE) fill in also the Iollowing:	ipsy?
15. MAIOEN NAME Corres Wig	HCod.	Accidant, suicide, or homicide? Deceded Date of injury	1937
E (State or country) Ma.		Where did Injury occur? at leave	
17. INFORMANT Balph White (Address) David Ourse The	Pather)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury Bearing of 72 of brown	ly,
Place Dames Quarter Data	11-12 ,1937	Nature of Injury	7
19. UNDERTAKER True T. W.ol	1010	24. Was disaase or injury in any way ralated to occupation of deceased?	
(Address) Deals Wobers	MQ	If so, specify	
20 FUED 200 11 19 37 2 200	ay Triner	(Signed) Coleany Finales	М. D
, 13	Registrar.	(Address) Quelialine	ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

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Gallstones	May 1,1923	Gastrocnteritis	1 year	

properly classified. Exact statement of OCCUPA-CORD. Every item of infor-PHYSICIANS should stated EXACTLY. UNFADING INK-THIS IS A PERMANENT I IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be pe AUSE OF DEATH in plain terms, so that it may tion should be carefully supplied.

V. S. No. 1

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state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	-0.1 (14.1 Q10-51)
county Wienwes, Lewinsula Gei	il Hispital Registration Dist. No. 333
Village or City Saleslung Ma	No. St., Sward in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME GEORGE BIllilous	If U. S. Veteran, specify WAR
(a) Residence: No. (TINZ) Bully M	OSt., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (193 (Yaar)
5a. If merried, widowed, or divorced HUSBAND of Dutherwise Wilgus	22. I HEREBY CERTIFY, That I attended decassed from
6. DATE OF BIRTH (month, day, and yaer) WRN, 6 1861	i last saw h Jailve on 1 1927; daath is said
7. AGE Years Months Days If LESS then	to have occurred on the data stated abova, et 12 fam.
76 8 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as-follows:
8. Trade, profassion, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	Fleetured falls 1st 10/20
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked at this occupation (month end 1939 spent in this	Transky Knewy kul
12. BIRTHPLACE (city or town) Melus use (State or country)	Othar Contributory Causes of importance:
13. NAME Thelland Wilgen	
13. NAME / Fland / Ingus  14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of What test confirmed diagnosis? Clause Was there an autopsy?
15. MAIDEN NAME MAN LONG	23. If death was due to external causes (VIOL ENCE) fill in also the following:
f5. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicide, or homicida? Accident, suicide, or homicida? Year of injury Occur?
17. INFORMANT Catherine Wilgies (Address) Bustin mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Reference Wel, Date 100, 17, 19.37	Manner of injury as to account of Natura of Injury as a country
19. UNDERTAKER 1. 10. 13 webeg.	24. Wes disease or injury in eny way related to occupation of daceased?
20. FILED Not 12,1937 & May Junes Registrar.	(Signed) M. D. M.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		10, 2	

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PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. AUSE OF DEATH in plain terms, so that it may be nation should be carefully supplied. WRITE PL.

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	(3) XXX		
County Hiconico	Registration Dist. No.		
Village or City Mardela YCh).			
	ds. How long In U.S. if of foralgn birth?yrsmosds.		
2. FULL NAME Cora P. Vrilan	If U. S. Veteran, specify WAR		
(a) Residence: No.	St.,Ward.		
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLORADR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
F White OR DIVORCED (write the word)	Month) (Dey) (Year)		
58. If married, widowed, or divorced HUSBANO of (or) WIFE of Levin R. Wilson	22. I HEREBY CERTIFY, That I attended daceased from  November 1 2 1937, to Market Let 1 1937		
6. DATE OF BIRTH (month, day, and year) Jan 28 1832	I last saw h. W. aliva on Andeu les 15th, 19 3 ; death is said		
7. AGE Years   Months U Days   If LESS than	to have occurred on the date stated above, at. & 3. O.A. m.		
8/ /D 19 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data done, as SILK mill, saw mill, BANK, etc.  10. Data done, as SILK mill, saw mill, programment in this spant in this	Cordnal Hemasleage		
9. Industry or business in which work was done, as SILK MILL.	Clearine maraidable		
work was done, as SILK MILL, SAW MILL, BANK, etc	Clessonie Mefelicator		
10. Data decassad last worked at this occupation (month and spant in this occupation coupation occupation			
an DIDTURE OF (Albertains)	Other Contributary Causes of Importance:		
12. BIRTHPLACE (city or town)			
W 13. NAME Edgar Sheppard			
13. NAME Cadgar Sheppara  14. BIRTHPLACE (city or town)	Neme of oparation		
(State of County)	What tast confirmed diagnosis? Was there an eu'opsy?		
15. MAIDEN NAME Sus armal atkinson  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:		
5 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?		
711 24 ·f	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT Wayses Preson (Address) Netron	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury		
Place Mardela Date Nov 18, 1937	Nature of injury		
19. UNDERTAKER It. D. Dravenor +Bro	24. Wes disease or injury in any wey related to occupation of dacaasad?		
(Addiess) Sparttour	If so, specify		
20, FILED 11/17 , 13 7 ms le cerminary	(Signed) William Omercel M. D.		
Registrar.	(Address) Heliva - Bad		

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The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			11	

	OF MARILAND	CERTIFICATE OF DEATH	1401/1
1. PLACE OF DEATH		82.02	222
County Wilsmilo		Registration Dist. No.	000
		No. 2 R. F. LO,  St.,  If death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town wh	ere death occurredyrsmo	sds. How long In U.S. If of loraign birth?yrsm	osds.
2. FULL NAME I LITY	wood	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of specie) 9.	A Stage Ward.  If nonresident give city or town and	l State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Oay)	, 193 /
5e. If married, widowed, or divorced			
HUSBANO OI (Or) WIFE OI angelin	elwood	22. I HEREBY CERTIFY That I attanded 1937, to Nov. 10	decaased from
6. DATE OF BIRTH (month, day, and year)	about 1864	I last saw have alive on Nov 9 193	.; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
_   8. Trade, profession, or particular		Cerebras Xeworkys ;	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc			1
kind ol work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Immlid		*
10. Dete deceased last worked at this occupation (month and yeer)	11. Totel time (years) Spant in this occupation		
12. BIRTHPLACE (city or town) - dels	slusy and	Other Contributory Causes of importance:	1
(State or country)		Dlaveles	De13 3
13. NAME James W	and		
13. NAME 14. BIRTHPLACE (city or town) & Country)	listing	Neme of operation	autopsy?
15. MAIDEN NAME Charles	the Tardy	23. II death was dua to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Charles  16. BIRTHPLACE (city or town)  (Stata or country)	leahung md	Accident, suicida, or homicide? Date of Injury Where did Injury occur?	, A
17. INFORMANTINA John A	wallen	(Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL	d. T.	Menner of Injury	
Place feamily less.	Date Are 14 , 1937		
19. UNDERTAKER	tewart	24. Was disaase or injury in any way related to occupation of decaased?	20
20, FILEO 20 14, 1934	G. may Jumes	(Signed) Sales Cy	myo

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		B	
Other contributory causes of importance:	in the state of	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis Mo.	1 year
		23	
		1927	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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